

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE				
APPLICANT(S)						
CLAIMS						
	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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16	A					
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18						
19	C					
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	16	↔	↔	↔		
TOTAL CLAIMS	18					